

CLASS C REINSTATEMENT FORM

220397  
220398

<p><b>File the original with:</b></p> <p>Public Service Commission of South Carolina Docketing Department Motor Carrier Matters P.O. Box 11649 Columbia, S.C. 29211 (803) 896-5100 FAX (803) 896-5199</p>	<p><b>Mail or fax a copy to:</b></p> <p>S.C. Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 900 Columbia, S.C. 29201 (803) 737-0578 FAX (803) 737-0815</p> <p><b>RECEIVED</b> NOV 19 2009 ORS T.T.W./W</p>
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DATE: 11-19-2009

Please consider this an application for Reinstatement of my:

- ☒ Taxi Certificate Number 7211 Docket # 2002-112-T  
☐ Charter Certificate Number \_\_\_\_\_  
☐ Charter Bus Certificate Number \_\_\_\_\_  
☐ Non-Emergency Certificate Number \_\_\_\_\_
- 2009-277-T

My certificate was revoked/cancelled on 12-4-2008 because of Annual  
 (DATE)  
Report

I am seeking reinstatement because I would like to operate as  
A Taxi -

MARIAN J. McDowell DBA \_\_\_\_\_  
 (Name of Company) (If applicable)

1120 E. Ingrove Ave  
 (Street Address) (Mailing Address if different from Street Address)

Florence, SC 29506  
 (City, State, Zip Code) Marian J. McDowell  
 (Signature)

843-230-2934  
 (Telephone Number) Owner  
 (Title)

STATE OF SOUTH CAROLINA  
PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
AND OFFICE OF REGULATORY STAFF  
TRANSPORTATION CARRIERS ANNUAL REPORT  
(For Class C - Taxi, Charter, & Non-Emergency)  
FOR YEAR ENDING DECEMBER 31, 2008 OR FISCAL YEAR ENDING

CARRIER NAME Marion S. McDowell  
STREET ADDRESS 1120 Elmgrove Ave  
CITY, STATE, ZIP CODE Florence, SC 29506  
MAILING ADDRESS \_\_\_\_\_  
CITY, STATE, ZIP CODE \_\_\_\_\_  
TELEPHONE NUMBER (AREA CODE) 843-230-2934  
FEDERAL IDENTIFICATION NUMBER \_\_\_\_\_

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ORS  
T.T.W.W.W

Operating Revenues:

1. Total Revenues \$ \_\_\_\_\_

Operating Expenses:

2. Salaries and Wages \$ 3000 (Money paid to employees)

3. Rent \$ \_\_\_\_\_ (vehicles, office)

4. Other \$ 1500 (expenses that are not included in the other categories)

5. Total Expenses \$ 4500

6. Net Operating Income (Loss) \$ 4700 (line #1 minus line #5)

7. Insurance Co. Name/Policy No. Southern United SA000165  
No. of Vehicles Insured: 1

8. Decal Fees Paid YES ( ) No (X) No. of Vehicles 1  
(through June of Current Year)

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Affidavit

State of South Carolina

OFF  
T.T.W, W.W

County of Florence

I, Marion J. Mc Dowell of the

Marion J. Mc Dowell Company

hereby certify that the foregoing Annual Report was prepared by me or under my supervision, that I have examined it, and that the items herein reported on the basis of my knowledge are correctly shown.

Marion J. McDowell  
11-19-2009

Signature

Date